

ADOPTED

MAY 10, 1990

M E M O R A N D U M

TO: BOSTON REDEVELOPMENT AUTHORITY AND
STEPHEN COYLE, DIRECTOR

FROM: PAMELA WESSLING, ASSISTANT DIRECTOR FOR
URBAN DESIGN AND DEVELOPMENT
LINDA BOURQUE, ASSISTANT DIRECTOR FOR NEIGHBORHOOD
PLANNING AND ZONING
GERARD KAVANAUGH, DIRECTOR OF INSTITUTIONAL
PLANNING
WILLIAM MCCARTHY, ASSISTANT TO THE DIRECTOR

SUBJECT: ST. ELIZABETH'S HOSPITAL/ST. MARGARET'S HOSPITAL FOR
WOMEN RELOCATION PROJECT

EXECUTIVE

SUMMARY: THIS MEMORANDUM REQUESTS THE BOSTON REDEVELOPMENT AUTHORITY TO AUTHORIZE THE DIRECTOR TO: (1) EXECUTE AN AGREEMENT BETWEEN ST. ELIZABETH'S HOSPITAL, ST. ELIZABETH'S HOSPITAL FOUNDATION, THE ALLSTON-BRIGHTON PLANNING ADVISORY COMMITTEE, AND THE BOSTON REDEVELOPMENT AUTHORITY REGARDING THE PROPOSED RELOCATION OF ST. MARGARET'S HOSPITAL FOR WOMEN TO ST. ELIZABETH'S HOSPITAL IN BRIGHTON; AND (2) EXECUTE, IN THE NAME AND ON BEHALF OF THE AUTHORITY, AN ADEQUACY DETERMINATION WITH RESPECT TO THE FINAL PROJECT IMPACT REPORT FOR THE ST. MARGARET'S HOSPITAL FOR WOMEN PROJECT, UPON COMPLETION OF THE REVIEW BY THE AUTHORITY OF THE FINAL PROJECT IMPACT REPORT.

A. INTRODUCTION

St. Elizabeth's Hospital of Brighton requests approval of a Proposed Project involving the construction of a new hospital facility within which St. Margaret's Hospital for Women would be relocated. The project is proposed as a replacement facility for the existing SMHW facility located on Jones Hill in Dorchester. St. Elizabeth's Hospital also requests the approval of a 400-car parking garage to be constructed on the adjacent property of the St. Elizabeth's Hospital Foundation. Both institutions have submitted master plans to the Authority in conformance with Article 27F-12 of the Boston Zoning Code.

B. PROJECT DESCRIPTION

The principal component of the proposed project involves the construction of approximately 85,000 gross square feet of

clinical space for maternity, obstetrical, and gynecological services. The height of the proposed five-story building is approximately 70 feet. Construction of the SMHW facility would increase the floor area ratio of the St. Elizabeth's Hospital campus from its current 1.38 to approximately 1.84. (Current zoning allows a maximum FAR of 2.0.) The proposed project also includes the construction of a 400-car parking garage on an adjacent site which is part of the St. Elizabeth's Hospital Foundation property.

St. Elizabeth's proposes to begin construction of the parking garage in late 1990, with completion anticipated in the Fall of 1992. Construction of the hospital facility would begin in the Summer of 1991, with completion anticipated in the Fall of 1993.

C. ENVIRONMENTAL REVIEW PROCESS

On September 9, 1988, St. Margaret's submitted an Environmental Notification Form (ENF) to the Massachusetts Environmental Protection Agency (MEPA). Following input from various public agencies, including the BRA, and a public hearing on the need for a full Environmental Impact Report (EIR), MEPA issued a determination on October 27, 1988, that a full EIR was required. St. Margaret's submitted a Draft Environmental Impact Report (DEIR) on June 15, 1989, and MEPA issued a DEIR certificate on August 2, 1989. SMHW expects to submit a Final Environmental Impact Report (FEIR) by June 30, 1990.

D. STATE DEPARTMENT OF PUBLIC HEALTH REVIEW PROCESSES

The proposed relocation and new construction of St. Margaret's Hospital for Women is presently under review by the Massachusetts Department of Public Health. The proposal is being reviewed by both the Determination of Need (D.O.N.) office and the Acute Care Conversion Board. Decisions by both agencies are anticipated in June, 1990.

E. COMMUNITY REVIEW

The Proposed Project has undergone extensive community review, with a community task force having conducted numerous meetings to discuss project issues and impacts. Key community issues concerning the Proposed Project have included: (1) the need for the relocation of the hospital and its impact on the Dorchester community; (2) the scale and overall impacts of the proposed facility on the Brighton community; and (3) traffic impacts that would result from increased trip generation and the construction of the proposed parking garage.

The results of meetings held over the past several months by the St. Elizabeth's Hospital Task Force were presented to the Allston-Brighton Planning and Zoning Advisory Committee (PZAC)

for consideration as part of the PZAC's review of the Proposed Project. On April 30, 1990, the PZAC voted to support the Proposed Project, subject to the terms of the attached agreement executed between the Hospital and the community which addresses numerous issues including the following: (1) the size and location of the parking garage; (2) Hospital-employee parking on neighborhood streets; (3) traffic mitigation measures, including the proposed Nevins Street extension; (4) open space and landscaping improvements; (5) future development projects and the terms of the Hospital and Foundation master plans; and (6) the retention of services in Dorchester.

F. PUBLIC BENEFITS

The Proposed Project will generate a substantial number of construction and permanent employment opportunities for Boston residents. Over the estimated 18-24 month construction period, an average of 280 person-years of construction employment will be generated. Once completed, the SMHW facility will employ 360 full-time equivalent permanent employees, many of whom are currently employed by St. Margaret's Hospital in Dorchester and will continue to work at the hospital following the relocation.

A wide range of medically-related benefits will also accrue to the Allston-Brighton community as a result of the relocation of St. Margaret's Hospital for Women. St. Elizabeth's Hospital will also continue the provision of a variety of community services and participate in numerous community activities. Within the Dorchester community, services are expected to be retained and enhanced as identified on page 2 of Exhibit A of the attached agreement.

G. ZONING RELIEF

The proposed project requires zoning relief pursuant to Article 6 of the Code, for: (1) conditional use permits for (a) an extension of a structural change to a non-conforming use in an H-2 district (for St. Margaret's Hospital for Women); and (b) construction of an off-street parking garage in an H-2 district; (2) a variance for violations of barrier-free access requirements for the parking garage; and (3) IPOD permits for construction of the hospital facility and the parking garage.

CONCLUSION

BRA Staff recommends that the Authority: (1) authorize the Director to execute an agreement between St. Elizabeth's Hospital, St. Elizabeth's Hospital Foundation, the Allston-Brighton Planning and Zoning Advisory Committee (PZAC), and the Boston Redevelopment Authority regarding the proposed relocation of St. Margaret's Hospital for Women to St. Elizabeth's Hospital in Brighton; and (2) authorize the Director to issue an Adequacy

Determination upon completion of the review of the Final Project Impact Report.

Appropriate Votes Follow:

VOTED: That the Authority hereby authorizes the Director to execute, in the name and on behalf of the Authority, an agreement between St. Elizabeth's Hospital, St. Elizabeth's Hospital Foundation, the Allston-Brighton Planning and Zoning Advisory Committee (PZAC), and the Boston Redevelopment Authority regarding the proposed relocation of St. Margaret's Hospital for Women to St. Elizabeth's Hospital in Brighton; and further

VOTED: That the Authority hereby authorizes the Director to execute, in the name and on behalf of the Authority, an Adequacy Determination with respect to the Final Project Impact Report for the St. Margaret's Hospital For Women Project, upon completion of the review by the Authority of the Final Project Impact Report.

ST. ELIZABETH'S HOSPITAL

Institutional Development Project

Fact Sheet

May 9, 1990

Project Name and Address: St. Margaret's Hospital for Women/Relocation to St. Elizabeth's Hospital, Cambridge Street, Brighton

Developer: St. Margaret's Hospital for Women (SMHW)

Uses: Clinical

Development Program:

85,064 Gross Square Feet (Hospital Building)

128,700 Gross Square Feet (Parking Garage - 330 spaces)

Development Cost: \$31,000,000

Benefits:

Housing Linkage: N/A

Jobs Linkage: N/A

PILOT: N/A

Employment Generation

Construction: 280

Permanent: 360

Approvals Necessary:

Acute Care Conversion Board (DPH)

Determination of Need (DoN) (DPH)

BRA Recommendation

Board of Appeal Approval

Site Area:

19,120 Square Feet (Hospital Building Footprint)

36,400 Square Feet (Parking Garage Footprint)

12 acres (Hospital Campus Area)

14 acres (Foundation Campus Area())

FAR: 1.84 (Hospital Campus FAR)

Maximum Building Height: 70 feet, 5 stories

Parking to be Provided: 400-space structured facility

Underlying Zoning: H-2

IPOD Zoning: H-2

Necessary Zoning Relief: (1) Conditional use permits for (a) an extension of a structural change to a non-conforming use in an H-2 district (for SMHW); and (b) construction of an off-street parking garage in an H-2 district; (2) a variance for violations of barrier-free access requirements for the parking garage; and (3) IPOD permits for construction of the hospital facility and the parking garage.

Development Review Approval Status:

DIPP Hearing Date: N/A

BRA Hearing Date: 5/10/90

BCDC: N/A

Board of Appeal Hearing: 5/8/90

Other Significant Dates:

Estimated Start of Construction:

Parking Garage - Fall, 1990

Hospital Building - Summer, 1991

Estimated Completion of Construction:

Parking Garage - Spring, 1992

Hospital Building - Summer, 1993

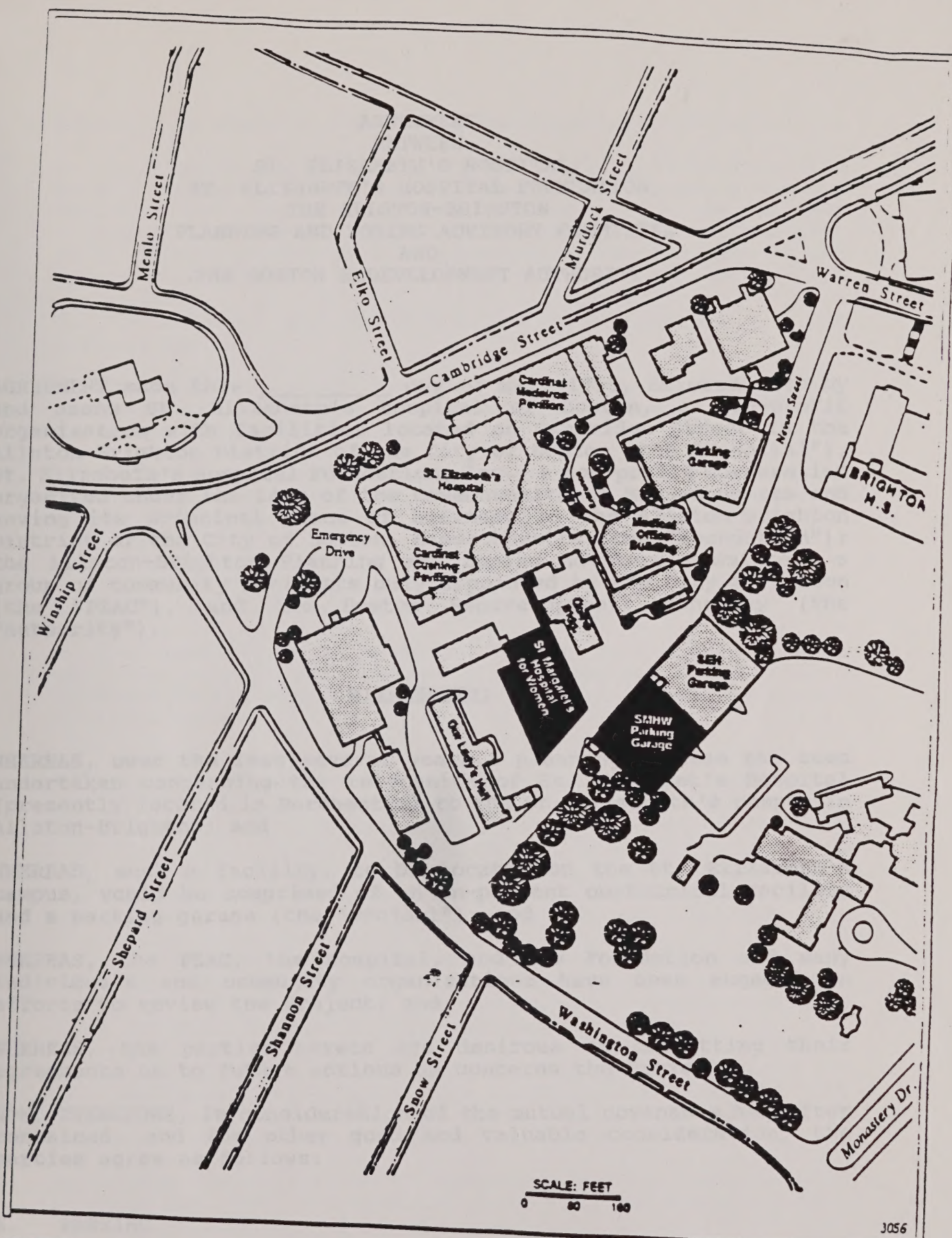


FIGURE II-1
SITE LOCATION AND LOCAL STREET SYSTEM

AGREEMENT
BETWEEN
ST. ELIZABETH'S HOSPITAL,
ST. ELIZABETH'S HOSPITAL FOUNDATION,
THE ALLSTON-BRIGHTON
PLANNING AND ZONING ADVISORY COMMITTEE
AND
THE BOSTON REDEVELOPMENT AUTHORITY

AGREEMENT made this _____ day of May, 1990, entered into by and among St. Elizabeth's Hospital of Boston, a non-profit organization with facilities located on Cambridge Street in the Allston-Brighton District of the City of Boston (the "Hospital"), St. Elizabeth's Hospital Foundation, Inc., a non-profit corporation organized under the laws of the Commonwealth of Massachusetts and having its principal place of business in the Allston-Brighton District of the City of Boston, Massachusetts (the "Foundation"); the Allston-Brighton Planning and Zoning Advisory Committee, a group of community residents duly appointed by the City of Boston (the "PZAC"), and the Boston Redevelopment Authority (the "Authority").

WITNESSETH:

WHEREAS, over the last several years a planning process has been undertaken concerning the relocation of St. Margaret's Hospital (presently located in Dorchester) to the St. Elizabeth's campus in Allston-Brighton; and

WHEREAS, such a facility, to be located on the St. Elizabeth's campus, would be comprised of an in-patient obstetrical facility and a parking garage (the "Project"); and

WHEREAS, the PZAC, the Hospital, and the Foundation and many individuals and community organizations have been engaged in efforts to review the Project; and

WHEREAS, the parties hereto are desirous of committing their agreements as to future actions as concerns the Project.

NOW, THEREFORE, in consideration of the mutual covenants hereafter contained, and for other good and valuable consideration, the parties agree as follows:

A. PARKING

1. The Hospital and the Foundation shall relocate the proposed Parking Garage in a northerly direction to the greatest extent

possible to minimize visibility from Washington Street.

2. The Hospital shall explore the possibility of constructing additional levels of parking on its existing garage, and shall consider building such additional levels to the maximum allowable. In conjunction with the foregoing, the Hospital shall eliminate parking to be proposed in the facility to the extent it is built on the existing garage.

3. The Hospital and the Foundation shall provide 400 new parking spaces.

4. The Hospital shall continue the provision of low cost parking to its employees to discourage employees from parking in the neighborhood.

5. To reduce the extent of parking by night-time employees on surrounding residential streets, the Hospital shall seek to provide free parking on campus in the evening for its employees.

6. The Hospital shall promote carpooling and vanpooling as required by the Boston Transportation Department ("BTD").

7. The Hospital shall enforce, to the extent practicable, employee parking restrictions on neighborhood streets where Resident Permit Parking restrictions apply. Such enforcement shall include:

- a. Weekly surveys of all cars on: Cambridge Street from Winship Street to Dustin Street, Washington Street from Cambridge Street to Monastery Road, Warren Street from Cambridge Street to Monastery Path, Henshaw Street from Cambridge Street to Market Street, Sparhawk Street from Cambridge Street to Market Street, Winship Street from Washington to Union Street, and on Shepard Street, Shannon Street, Snow Street, and Nantasket Avenue;
- b. The provision of the results of such surveys to the Brighton Neighborhood Police, summarized in a monthly report. In addition, such report shall be made available for publication by local newspapers;
- c. Written notification to all employees who park on neighborhood streets that such parking should not continue, and that if such parking does, further steps will be taken to discourage such parking;
- d. Upon identification of recurring parking violations by an employee, the Hospital shall take appropriate action to prevent such occurrences;

- e. In response to vehicles which are found by the Hospital through its surveys to be illegally parked, the Hospital shall notify the Brighton Neighborhood Police of such vehicles, so that appropriate action may be taken;
- f. The Hospital shall, on an annual basis, send notice to all residents of area streets requesting specific information, including license plate numbers and types of vehicles, regarding Hospital employees who may be illegally parked in the neighborhood; and
- g. The Hospital shall, on an annual basis, submit a report to the Authority on all activities in this regard, and shall meet with the Authority, members of the immediate community and any other interested parties to discuss such activities and possible improvements to such enforcement activities. In addition, such report shall be made available for publication by local newspapers.

B. TRANSPORTATION

- 1. The Hospital shall not build an extension of the existing Nevins Street to Washington Street in conjunction with the proposed project.
- 2. In conjunction with the elimination of the Nevins Street Extension proposal, the Hospital shall withdraw its proposal to close Emergency Drive.
- 3. The Hospital shall undertake all traffic mitigation measures set forth in a Transportation Access Plan Agreement to be entered into by the Hospital and BTB.
- 4. The Hospital agrees to participate in and (in conjunction with other Allston-Brighton institutions, state agencies and other major employers) to fund an area wide transportation study, the costs and scope of which shall be determined by the Authority. Other participants will include institutions (such as Boston College, Boston University, Harvard University), state agencies, and major employers. The purpose of such study shall be to assess the cumulative impact of institutions on the Allston-Brighton community, and to make substantive recommendations for mitigation of such impacts and improvements of existing traffic and parking conditions. The Hospital commits to contribute to the costs of such study according to an equitable formula to be determined. This commitment is predicated on the understanding that other institutions, agencies and businesses will correspondingly fund their fair share of the study. The Authority, upon execution of this Agreement, shall immediately take all necessary steps to initiate the planning process.

5. The Hospital shall examine ways to minimize peak traffic loads and shall provide a written report to the Authority on employee shift patterns.

6. The Hospital shall provide the Authority with information on levels of patient use of the mobile MRI and Lithotripter within 30 days of the execution of this Agreement.

C. LANDSCAPING

1. The Hospital shall complete all landscaping of the MRI pad no later than May 31, 1990.

2. The Foundation shall replace all trees that may be taken down as a result of the construction of the Project and all others which are taken down for any other reason, and shall do so in a timely fashion.

3. The Hospital shall undertake and maintain a landscaping plan for the sidewalks abutting the hospital campus. Such landscaping shall be reviewed by the community and approved by the Authority prior to implementation.

D. OPEN SPACE

1. The Hospital and the Foundation shall work cooperatively with the community to improve and enhance open space as defined in their respective Master Plans.

2. The Hospital and Foundation shall commit that they will propose no traffic mitigation measures or other changes which would reduce the size of Cunningham Park.

E. FUTURE DEVELOPMENT

1. The Hospital shall submit any proposal for the construction of an incinerator/energy recovery facility to the City and the community for appropriate reviews.

2. The Hospital shall submit plans for the design and relocation of the Oxygen Farm to the Authority for approval as part of the design review process for the St. Margaret's Hospital Relocation, in order to minimize visibility of the tanks from off-campus locations.

3. The Master Plan Updates (as submitted for the Hospital on March 9, 1990 and the Foundation on March 12, 1990) define the development plans of the two organizations. The Hospital and

the Foundation shall seek to extend the terms of their respective Master Plans to the year 2005.

4. The Hospital shall not proceed with the St. Margaret's Relocation Project without the approval of any state or local agencies, such as the Department of Public Health and its Determination of Need (DoN) office and Acute Hospital Conversion Board, or the Department of Environmental Protection, having jurisdiction thereof.

5. The Hospital shall work cooperatively with the Boston Perinatal Capacity Task Force in all of its deliberations, particularly as such deliberations relate to the retention of services for the Dorchester community.

6. The Hospital and the Foundation shall submit any plans for the expansion of child day care, adult day care, or day care transportation shuttle service to the community for review.

F. PEDESTRIAN SAFETY

1. The Hospital shall work with the Boston School Department on a continual basis to define and mitigate any pedestrian safety hazards relating to schoolchildren in the vicinity of the Hospital's campus.

G. CONSTRUCTION IMPACTS

1. The Hospital shall specify the location and amount of all parking which will be used during the construction of the Project. Further, the Hospital shall specify, at a minimum, the following: (a) Who will park at such off-site locations; (b) Whether a "shuttle service" will be offered to transport persons parking off-site to the St. Elizabeth's campus; and (c) The type of vehicle(s) to be used for such a shuttle service, if such a service should be implemented; and (d) The schedule governing the use of any additional parking sites and any shuttle service.

H. PRESERVATION

The Hospital shall preserve for reuse stained glass windows in the Keith Chapel, if not on the Hospital campus, then in the Allston-Brighton community. The Hospital shall also consider for preservation any other elements of the Chapel submitted by the Authority for such consideration.

I. DORCHESTER

1. The Hospital concurs that all medical services proposed by St. Margaret's Hospital should be continued in Dorchester, as identified in the summary of such services attached hereto as page 2 of Exhibit A.

2. The Hospital concurs that, prior to the relocation of St. Margaret's to Brighton, a thorough analysis of the existing conditions and re-use potential of all buildings on the Jones Hill campus must be conducted. Such process shall include a full community review.

J. MONITORING OF AGREEMENT

1. In order to allow for adequate monitoring of this Agreement by the community, St. Elizabeth's agrees to present a report of its compliance with the terms and conditions of this Agreement every six months, if requested by the BRA, the PZAC, members of the immediate community or any other interested parties, for the term of the Master Plan.

K. COMMUNITY SUPPORT

The PZAC shall support the St. Margaret's Relocation Project before the Authority Board and the Boston Zoning Board of Appeal at their respective meetings to consider the Project, and shall submit a letter of support in writing to the Authority Board prior to its meeting which shall be read at such meeting.

IN WITNESS WHEREOF, the undersigned parties have executed this Agreement on the day, month, and year first above written.

St. Elizabeth's Hospital

By: _____
Its:

St. Elizabeth's Hospital Foundation

By: _____
Its:



EXHIBIT A

PAGE 1

Allston-Brighton Planning and Zoning
Advisory Committee

By: _____
Its: _____

Boston Redevelopment Authority

By: _____
Its: _____

In response to a request made at Tuesday night's public meeting, I have assembled a packet of information which I hope provides you with confidence in St. Margaret's Hospital for Women's (WHW) commitment to ensure the continuity of quality health care for the Dorchester area community.

This packet contains relevant materials from WHW's business plan submitted to the Boston Regional Healthcare Board detailing the planned program of services and care capabilities for those services which are proposed to continue in Dorchester. In addition, I have enclosed a recent letter from David Sullivan, Commissioner of Public Health, and Joseph Curran, Mayor's Commissioner for Health and Hospitals, which demonstrates the ongoing and future commitment of the State, the City, and the area's health care providers to ensure and improve access and continuity of quality health care for high risk populations in Boston's neighborhoods.

I hope you will agree that this material demonstrates WHW's commitment to access and meet the health care needs of women and infants in the Dorchester area. St. Margaret's stands ready to meet these needs in partnership with the State, the City, and other area health care providers.

Thank you for taking the time to review this material and all the other material associated with this proposed relocation. I hope this will help you to support this vitally important project.

Sincerely,

JOHN A. HUGEL
Vice President for Planning



EXHIBIT A

Page 1

90 Cushing Avenue, Boston, Massachusetts 02125-2099 • Telephone (617) 438-8800

April 26, 1990

Dear PZAC Member:

In response to a request made at Monday night's PZAC meeting, I have assembled a packet of information which I hope provides you with confidence in St. Margaret's Hospital for Women's (SMHW) commitment to ensure the continuity of quality health care for the Dorchester area community.

This packet includes relevant sections from SMHW's business plan submitted to the Acute Hospital Conversion Board detailing the planned program of services and cost projections for those services which we propose to continue in Dorchester. In addition, I have enclosed a recent letter from David Mulligan, Commissioner of Public Health, and Judith Kurland, Boston Commissioner for Health and Hospitals, which demonstrates the ongoing and future commitment of the state, the city, and the area's health care providers to ensure and improve access and continuity of quality health care for high risk populations in Boston's neighborhoods.

I hope you will agree that this material demonstrates SMHW's commitment to assess and meet the health care needs of women and infants in the Dorchester area. St. Margaret's stands ready to meet these needs in partnership with the state, the city, and other area health care providers.

Thank you for taking the time to review this material and all the other material associated with this proposed relocation. I hope this will help you to support this vitally important project.

Sincerely,

JUDITH A. MEREL
Vice President for Planning

St. Margaret's Hospital for Women
Proposed Medical Services In Dorchester
After Relocation of Inpatient Services

<u>Old Proposal - 1988</u>	<u>New Revised Proposal - 1990</u>
Pre- and post-natal care	Pre- and post-natal care OB Clinic (open 24 hours for emergencies) Teen OB Clinic Teen Pediatric Clinic Prenatal education classes
Family Life Education	Family Life Education
GYN services	GYN services GYN Clinic
Diagnostic services	Diagnostic services Ultrasound level I and II, prenatal evaluation and lab services Breast Health Center, including mammography
Nutritional counseling	Nutritional counseling Nutritional education
Well-baby care	Well-baby care Pediatric Clinic for well infants
St. Mary's Residential Program (20 beds)	St. Mary's Residential Program, with expansion to 24 beds
Services at neighborhood health centers	Services at neighborhood health centers Physician and midwife staffing at health centers
Transportation services	Transportation services Scheduled shuttle service for employees, patients and visitors Emergency transportation whenever needed
Additional Programs	Residential/transitional services for mothers/infants (15 beds) Residential program for pregnant addicted women (12 beds) Participate in HIV screening program in cooperation with area health care providers Child Abuse Prevention Program

**ST. MARGARET'S HOSPITAL FOR WOMEN
BUSINESS PLAN**

TO THE ACUTE HOSPITAL CONVERSION BOARD

JANUARY 29, 1990

VLD.1 Summary of Services to Remain in Dorchester

As part of its business plan, SMHW has recognized the need to assess the maternal and child health care needs of the communities it serves. As a result of this needs assessment, SMHW is proposing to maintain outpatient clinics and diagnostic support services, and expand residential programs on the current Dorchester site when the hospital relocates to Brighton subject to appropriate funding.

SMHW intends to maintain health services in the area to continue its commitment to improve the health status of the at risk population. The hospital will continue to work with community groups and neighborhood health centers from the time that the business plan is approved by the Acute Hospital Conversion Board to the planned date of implementation to ensure that women and infants primary care in Dorchester is supported. The proposed list of services which will remain at SMHW current site includes:

1. Obstetrics (prenatal clinic) for high and low risk mothers. This clinic is proposed to operate on a 24-hour basis to handle urgent or emergent cases.
2. Gynecology Clinic including colposcopy services. The GYN Clinic will perform pap smears and other outpatient gynecological testing. Colposcopy services have increased over the last years and SMHW is one of limited community providers of this service.
3. Pediatric Clinic for well infants utilized primarily by teenage mothers seen through the teen pediatric clinic or St. Mary's Home.
4. Teen Pediatric Clinic staffed primarily by nurse midwives to support the St. Mary's Home.
5. Breast Health Center including mammography and breast screening.
6. Diagnostic services including ultrasound (level I and II), non-stress testing, mammography and laboratory services.
7. Nutritional services including education and counselling.
8. Social Services and psychological services.
9. Family Life Education which provides community outreach services.
10. Family Life Services including St. Mary's Home, a transitional program, and residential services for pregnant, addicted women, and St. Mary's Alternative School (6th grade to 12th grade).
11. Child Abuse Prevention Program.

12. Support for neighborhood health centers, including staffing with physicians and midwives.
13. Cooperative development of a program for screening, identification, referral and education of women and infants (perinatal) with HIV infections.
14. Development of a transportation/shuttle service for employees, visitors and patients of SMHW.
15. Prenatal Education Classes including childbirth education, breastfeeding class, sibling class, infant care.

The following describes in more detail the programs identified above. There are two major programmatic components to the satellite St. Margaret's programs: Family Life Services and Ambulatory Services.

VI.D.2. Family Life Services

In June 1981, SMHW began full operation of its teen pregnancy program founded under a grant from the Federal Office of Adolescent Pregnancy Programs. Over 1400 pregnant adolescents and teens have participated in the program which is currently funded by the Department of Public Health, the Boston School Department, Title XX, the Kennedy Foundation and SMHW.

One of the essential elements of the program is the availability of a teen prenatal clinic exclusively for that age group. Teenagers drawn to the hospital for prenatal care also receive comprehensive medical, social, residential, vocational and educational services from the family life services staff. Well baby care is also available through a pediatric clinic for infants born to teenage mothers.

All adolescents and their families are seen regularly by a family community or social worker. In addition, teens can participate in a variety of classes and groups including prenatal classes, parenting support groups and life skills groups.

Family Life Services is proposed to continue its role and to expand to include a residential program for pregnant unwed mothers, a residential/transitional program for mothers and their infants, and a residential program for addicted, pregnant women.

St. Mary's Home -- Residential Services for Unwed Pregnant Women

In addition to inpatient and outpatient hospital services, SMHW has for the past 100 years operated St. Mary's Home, a 20-bed residence for the single, unsupported (often homeless) pregnant women. The home has continually made available medical,

educational, and social support services to this population. Teens taking advantage of this program are primarily residents of Boston and represent the racial and ethnic composition of the surrounding community.

In 1974, as part of St. Mary's Home, the Boston School Department has established a special education program for pregnant teens residing at SMHW. The purpose of this is to maintain the pregnant teenage girl in her present school system for as long as possible for the maximum amount of continuity in her education. Many, however, when reaching the fifth or sixth month of pregnancy, leave the neighborhood school and attend special classes at St. Mary's school. Grades six through twelve are covered by two full-time teachers through formal classes and informal tutoring. Over 100 teens per year are taught in the St. Mary's School program.

In its business plan, the hospital is proposing to maintain St. Mary's Home and expand its licensed bed capacity from 20 beds to 24 beds. The St. Mary's School would also be maintained to provide education to those residing in the school. As St. Mary's Home is located in one of the oldest buildings on the SMHW campus and as the program should expand to meet community needs, costs are reflected in the business plan to expand and relocate both the Home and the School.

Family Life Education

The Family Life Education - Human Sexuality Program provides a comprehensive curriculum, promoting self esteem, reinforces positive values and promotes knowledge and appreciation of human sexuality.

This comprehensive program also includes: pregnancy testing, family planning information, adoption counselling and referral, primary and preventive health for pregnant women and infants, prenatal and postnatal care, nutrition information and counselling, venereal disease screening and treatment, mental health services, family life education and sex education outreach services for community parents, educational services, vocational training and counseling.

The program also assists in: referral for child care, consumer education and homemaking, counseling for extended family members, transportation, advocacy, follow-up services including home visits and parenting classes, residential maternity home services.

The following group/educational services are also provided: five day a week full day school, childbirth classes, prenatal classes, support groups. The certified Natural

Family Planning Staff instructors hold classes in various sites throughout the Diocese and are available in English, Spanish, French and Portuguese.

The intent is for SMHW to continue to support and operate the Family Life Education in its current form.

Residential/Transitional Services for Mothers and Infants

As part of the plan, St. Mary's Home is proposing to add additional capacity in the form of a 15-bed transitional program. To be implemented by 1994, this program would serve the same patient population and, in fact, be an extension of the current St. Mary's program. The transitional program would serve as a residential program for teens and their infants post delivery. As an increasing proportion of the clients seen at St. Mary's Home are homeless, the demand for appropriate residences for teens and infants postpartum is critical. Average length of stay for this program is anticipated to be three months, and during their stay teens will have access to the St. Mary's School and on site day care. Day care would be offered from 2:30 to 6:00 p.m. to enable mothers to attend the St. Mary's School. This day care program could also be expanded to serve employees and Dorchester residents at some time in the future if demand exists.

Residential Program for Pregnant Addicted Women

Recent concern has emerged over the lack of specialized long-term residential care programs for the underserved population of pregnant drug and alcohol abusers.

As part of its Business Plan, St. Margaret's Hospital for Women is proposing the development of a fifteen-bed long-term residential treatment program for pregnant women with problems of alcohol and drug abuse. The proposed 12-bed residential facility will be capable of accommodating 45-50 pregnant women yearly, based on an average length of stay of 200 days. The proposed therapeutic community will treat adolescents (13-21 years) and young adults.

Referral sources will be predominately comprised of statewide detoxification units such as Caspar for Women, Boston Holding, Dimock Street and Women's Center of Boston City Hospital which are medically licensed to provide detoxification services to pregnant, chemically dependent women. The patient's decision to enter a residential care program following detoxification must be voluntary. Admission standards for entry into the long-term substance abuse residential program will select for patients

demonstrating a high level of commitment and a sincere willingness to gradually reverse a destructive lifestyle. Women will be accepted into the program at any stage of pregnancy.

Once admitted into the St. Margaret's program, the patient will receive prenatal and emergency care through the St. Margaret's Obstetrics (prenatal) Clinic for high and low risk mothers. Additional prenatal care services available will include childbirth education classes, midwifery services and ambulatory gynecology services. Childbirth will occur at St. Elizabeth's Hospital in Brighton, after which mother and newborn infant will return to St. Margaret's residential program to continue treatment plan. An early intervention service will ensure comprehensive assessment of the newly delivered infant to detect any drug or alcohol induced physical and mental impairments. Physical therapy services will be provided if needed. Healthy babies will receive needed medical care through the Pediatric Clinic.

Assisting expectant mothers in their recovery from addiction, promoting healthy birth outcomes, strengthening mother and infant bonding, re-integrating the recovering addict into her home community and enhancing her psychological and emotional well-being are the primary treatment goals of the program.

To achieve these goals, the program will employ a multi-modality approach to substance abuse rehabilitation, incorporating individualized addictions counseling, family intervention, peer self-help groups, life skills development, parenting skills development, housing advocacy, vocational training and educational services.

Addictions counseling will proceed through specially trained chemical dependency counselors. Following an initial assessment, the counselor will devise an appropriate master treatment plan for the patient consisting of individualized addictions counseling, education and family therapy. The "twelve step model" prescribed by Alcoholics and Narcotics Anonymous will be integrated in the patient's recovery protocol. Fertility and human sexuality education and nutritional consultation services will be conveniently accessed through existing ambulatory programs.

Additional peer groups will be established to address pertinent patient concerns such as women's and children's health, child development, family education and spirituality. To increase awareness, the residence will routinely hold educational workshops on racism, domestic violence, sexual assault and AIDS.

Individualized parenting counseling and financial and housing advocacy services will be available to the expectant mother to help her develop nurturing skills and plan

for her family's future.

Vocational training services offered through the program will include courses in high school equivalency exam preparation, typing and child care. If eligible, patients will be able to attend St. Mary's Alternative School to complete their high school education.

Potential sources of funding for the proposed residential substance abuse program are primarily Medicaid, Division of Substance Abuse and Department of Public Welfare.

V.I.D.3. Ambulatory Clinics

The Ambulatory Service of SMHW is an active outpatient clinical service which includes: obstetrics (including teen and low and high-risk prenatal and postpartum), gynecology, pediatrics, ultrasound, mammography, etc. In addition, there is a SMHW satellite clinic at the Laboure Center in South Boston where prenatal services and well infant care is provided. The South Boston satellite Laboure prenatal services are funded in part by a grant of \$87,300 in FY89 from the DPH (Maternal Infant Care Grant).

Teen pregnancy program services (which comprise approximately 30 percent of the prenatal visits) are provided for expecting teens and for newborn infants of teen parents. This is done in association with Family Life Services, described above.

SMHW ambulatory services represent a key provision of prenatal, pediatrics and gynecological medical services to the community of Dorchester. In South Boston, the Laboure Center SMHW prenatal and infant services are essential; there is only one other significant obstetrics medical provider - the South Boston Neighborhood Health Center and there is only one other limited private OB practice in South Boston.

SMHW is proposing as part of its business plan to continue the provision of ambulatory services at the current SMHW site when inpatient services relocate to Brighton. In addition to the current mix of programs and services, SMHW intends to create a program for prevention of child abuse in concert with the existing infant development program and with other community agencies.

Obstetrics/Prenatal Clinic, Teen Pediatric Clinic, and Well Infant Clinic

The prenatal clinic at SMHW had a volume of 6,691 patient visits in FY89, an increase of 3.6 percent from FY88. The prenatal clinic treats low and high risk patients from greater Dorchester and the South Shore. SMHW will be maintaining this prenatal clinic and anticipates that the volume of patients seen in the clinic will be 7,000 in FY 1994 including "exam room/after hours". It is the intent of SMHW to continue to provide 24 hour triage and examination services to patients in order to manage obstetrical emergencies.

As part of the prenatal clinic, SMHW maintains a prenatal evaluation unit primarily utilized for performing outpatient stress tests. Over the past four years there has been a substantial increase in the number of non-stress tests being done in the Prenatal Evaluation unit. As part of the ambulatory program, SMHW will maintain the level of service currently being provided. The prenatal evaluation unit will be part of an obstetrical triage area and will have ready accessibility to outpatient ultrasound.

The hospital will also maintain level I and II Ultrasound services to accommodate both low and high risk mothers. The patient base for ultrasound services is derived from SMHW as well as from the Neighborhood Health Centers. Patients are also referred from other areas in Massachusetts who are in need of high risk OB ultrasound services.

As part of prenatal services, prenatal education programs will be maintained on site. Currently the prenatal education department offers a Preparation for Childbirth series utilizing both on campus and off campus sites to meet patient needs. Other prenatal programs include refresher classes, sibling preparation, breastfeeding preparation, cesarean section preparation.

SMHW Nurse Midwifery Service currently provides prenatal, intrapartum, postpartum, and gynecology care within a set of approved guidelines with an agreement with the Maternal Fetal Medicine group who provide medical back up to the midwifery program. The nurse midwifery service provides primary care for the adolescent pregnancy program (Family Life Services) and carry a caseload of selected clients. The teen pediatric clinic staffed by midwives and is operated primarily to support residents of St. Mary's Home.

SMHIW will also continue to maintain its well infant clinic on site. The pediatric clinic volume has declined from 1,543 visits in FY86 to 1,245 visits in FY89. Anticipated number of visits for FY 1994 is 1,900. This clinic also supports residents of St. Mary's Home.

DORCHESTER SITE

<u>Volume Statistics</u>	<u>FY 94 Visits</u>
Obstetrics Clinic	3,488
Exam Room/After Hours	3,600
Gynecology Clinic ¹	1,050
Teen Pediatric Clinic/FLS	2,850
Midwifery Services	900
Well Infant Clinic	1,950
Laboure Obstetrics Clinic	800
Laboure Well Infant Clinic	1,000
Mammography	1,550
Ultrasound Level I	6,750
Ultrasound Level II	3,500
Prenatal Evaluation	2,250
<u>Family Life Services</u>	<u>FY 94 Discharges</u>
St. Mary's Home	78
Transitional Program	49
Pregnant, Addicted	45

1 - Includes colposcopy.

DEVELOPMENT OF PROGRAM FOR PERINATAL AIDS SCREENING AND REFERRAL

Development of Program for Perinatal AIDS Screening and Referral

In a report entitled "Massachusetts AIDS Surveillance Monthly Update" including cumulative data as of August 1, 1989, there is a listing of the Boston AIDS cases by zip code of residence. For the communities neighboring SMHW, the following AIDS cases are identified:

<u>Community</u>	<u>Zip Code</u>	<u>No. cases</u>	<u>% of total Boston</u>
Uphams Corner	02125	44	4.0
Fields Corner	02122	12	1.0
South Boston	02127	16	2.0
Codman Square	02124	77	8.0
Mattapan	02126	44	4.0
Grove Hall	02121	30	3.0
Roxbury	02119	51	5.0
Hyde Park	02136	<u>16</u>	<u>2.0</u>
Total Boston		983	100.0

In another report issued in June 1989 by the Massachusetts Department of Public Health Primary Care Division, entitled "The Impact of HIV Epidemic on Community Health Centers in MA", there are 2,205 AIDS cases identified to have been reported by April 1, 1989 and a cumulative total of over 5,000 cases is expected by 1991 in Massachusetts.

Residents of Boston make up nearly half of all Massachusetts resident cases diagnosed in 1988 and the vast majority are men (92%).

St. Margaret's Hospital for Women admits a very small number of women who are HIV infected. However, over the next decade the incidence of HIV-infected women, particularly in those communities surrounding SMHW, will most likely increase.

For more than twenty years the community health centers have provided primary health care to the medically underserved. These health centers provide pediatric, adult, obstetrical and gynecologic care, mental health and social services, nutrition services and home care to the elderly and the disabled (see Neighborhood Health Center descriptions in text).

Neighborhood health centers were developed to serve primarily those segments of the population for whom access to health care has been the most difficult including: racial and linguistic minorities, the underinsured and those insured by Medicaid and the poor.

The provision of comprehensive primary care services to clients with HIV concerns or infection, ARC or AIDS, is part of the mission of the neighborhood health center system. Because of the disproportionate incidence of HIV in minorities and other high risk populations served by the health centers they will provide a significant proportion of the ambulatory treatment for the HIV infected patient. Timely and accessible outpatient care in the community can decrease the need for costly hospitalizations. A majority of health centers are already treating clients for HIV-related infection or concerns.

Clearly the HIV epidemic manifests itself in both the individual service needs of people infected with the virus and in community-wide needs for treatment, education and prevention. All health care providers should participate in a coordinated community wide effort, supported by the Department of Public Health, to address the complex and numerous needs of patients including review of needs of HIV infected pregnant women.

St. Margaret's Hospital intends to participate in efforts to screen, identify and properly refer HIV infected patients seen through the health centers or at the SMHW clinics. The exact nature of this effort is not defined at this time.

St. Margaret's Hospital for Women intends to continue working with the Massachusetts Department of Public Health, Boston Department of Health and Hospitals, State Health Agencies, the Neighborhood Health Centers and various community groups to address community needs, such as AIDS, infant mortality and morbidity, substance abuse and teenage pregnancy, as they are identified.

VLD.4. Child Caring Program (First) At SMHW

As part of its plan for the future, St. Margaret's Hospital for Women proposes to offer a new service to the community to provide intensive, centralized support services for physically and emotionally abused children in the form of a therapeutic day care program.

The Infant Development Program at SMHW was established in 1981 under a grant from the National Center on Child Abuse and Neglect with the following goals: (1) to optimize the development of medically and socially high risk infants and children and (2) to prevent child abuse and neglect for those at high risk through improvement of health based services.

Case review has demonstrated that infants who require medical intervention, such as intensive care in the newborn period, are four to six times more likely than healthy children to suffer from neglect. Contributing to this is the relationship of poor pregnancy outcome to factors such as extreme youth, poverty, lack of adequate nutrition and prenatal care, lack of education, social isolation, chemical dependency and a history of family violence.

St. Margaret's Hospital, located in North Dorchester, is located within a population that has a high level of poverty, lack of education, high infant mortality and morbidity, and problems of substance abuse. Concomitant with these problems is an increase in the frequency and severity of family violence in general, child abuse and neglect.

Foster care has been the main route available for helping infants and children when their parents are unable to care for them. As an alternative to foster care, SMHW is proposing a program to help prevent abuse through intensive intervention in a day care setting. For some children, placement in a nurturing, therapeutic environment can relieve parental stress, permit parents to seek rehabilitation or other social services, and maintain and promote parent-child attachment.

The objectives of CHILD CARING FIRST would be:

1. to provide a model of service that centralizes support services for children who have been defined as high risk due to their birth history, family dysfunction, nutritional history, developmental disabilities, chronicity of medical conditions.
2. to provide an intense level of support to prevent child abuse or neglect and obviate the need for foster home placement.

The program will be represented by the infant development program at SMHW and the Boston Region of the Massachusetts Society of Prevention of Cruelty to Children. The model will be functionally integrated within the team concept and with sharing of case management duties. Collaboration between these two organizations will bring improved resources to the program. The model will also utilize existing facilities on the Jones Hill site and will integrate with other primary care services.

Referrals are anticipated to be from other services of SMHW including the Teen Age Parent Program (TAPP), a prenatal program for pregnant teenagers, from proposed services for addicted, pregnant women, from the Intensive and Special Care Nurseries at

St. Margaret's at Brighton and other NICUs, from other components of the Infant Development program, from the MSPCC, the Boston Visiting Nurses Association, the Department of Social Services, and from parents directly.

The CHILD CARING FIRST center will provide therapeutic, extended day, five day a week child care for children from birth to preschool and after school and vacation care. Services will be available to children "at risk" or known to have medical or social problems.

Children will have interdisciplinary physical and developmental assessment at appropriate intervals and networking to community services will be effected as appropriate.

The existing facilities will require substantial renovation to meet the OFC building codes and American Academy of Pediatrics Guidelines. Initially it is proposed that a group of 40 day care slots be opened.

The Family Intervention Resources Team of the MSPCC will provide a program of preventive, voluntary services to families who have shown interest in treatment for parent as well as child. These will be targeted to about 40 socially high risk families in the first year. Services will include crisis intervention, with outreach and assistance in obtaining concrete services, and initial family assessment. Individual and group therapy for parents will be available as well as coordination with medical services, detoxification, Family Life Education, vocational and educational services.

Respite and 24-hour crisis intervention will be made available using on call staff. MSPCC can provide emergency parent aid and social work services on an outreach basis in emergencies.

The initial costs of such a program include renovations, equipment and other licensure requirements. Staffing costs, supply expense, etc, have also been considered and need to be funded by continuing sources such as the MSPCC and the Office for Children.

VLD.5. Dorchester Services and Programs Facility Use

The programs and services remaining in Dorchester include ambulatory clinics, residential programs, and a preventative child abuse program. In reviewing space need for these programs and use of existing facilities, a conceptual program was developed with associated renovation square footage and conceptual pricing. In its plan, SMHW proposes to house the remaining programs in the North Wing and the East Wing, two

of the most up-to-date structures on the Jones Hill campus. The remaining services and programs will be located adjacent to each other to allow for maximum available square footage for lease/rental purposes.

The total square footage utilized by the remaining services and programs is projected to be 59,345 gross square feet. Renovation cost for the facility is estimated to total \$3,133,416. Capital equipment costs/fees for all programs and services would total \$561,696. A breakdown of projected volumes and costs per program is identified below:

COSTS PER PROGRAM

Ambulatory Clinics/Ancillary and Support Services²

Renovation	\$ 981,090
Capital Equipment	\$ 405,825
Annual Operating Expense ¹ (includes 24-hour staffing coverage)	\$1,981,745
Overhead Expense	\$ 441,071

St. Mary's Home (24 beds) and School

Renovation	\$ 437,470
Capital Equipment	\$ 57,487
Annual Operating Expense	\$ 248,509
Overhead Expense	\$ 191,203

Transitional (15 beds) with Day Care

Renovation	\$ 437,470
Capital Equipment	\$ 45,412
Annual Operating Expense	\$ 357,825
Overhead Expense	\$ 190,717

Pregnant, Addicted Women (12 beds)

Renovation	\$ 547,635
Capital Equipment	\$ 33,547
Annual Operating Expense	\$ 274,165
Overhead Expense	\$ 145,769

1 - Salaries, fringes, other direct.

2 - Includes Radiology, EKG, Laboratory, Medical Records, Vending, etc.

Family Life Services

Renovation	\$ 132,000
Capital Equipment	0
Annual Operating Expense	\$ 498,442
Overhead Expense	\$ 49,817

Preventive Child Abuse

Renovation	\$ 220,440
Capital Equipment	\$ 11,550
Annual Operating Expense	\$ 690,880
Overhead Expense	\$ 60,796

Common Items

East Wing Elevator	\$ 88,000
Asbestos Removal	\$ 195,838
Facilities Management	
- Renovation	\$ 82,439
- Capital Equipment	\$ 7,875

The renovation of Jones Hill facilities to accomodate programs would take approximately six months.

VI.D.6. Transportation Services Between Dorchester and Brighton

Currently, St. Margaret's Hospital for Women provides shuttle services for its employees from an off-site parking location to the hospital. Patients and visitors not arriving by personal automobile access the hospital by taxi, public transportation and by ambulance.

Although not served directly by any of the MBTA subway or trolley lines, the SEH campus is served by two MBTA bus lines. The MBTA bus Route 65 travels from Kenmore Square through Brookline and Boston along Washington Street. There are bus stops located at the Washington Street/Monastery Road Intersection and at the Washington Street/Cambridge Street intersection. These two locations offer reasonable access to the SEH location. Bus Route 57 offers a more direct link to St. Elizabeth's hospital. Route 57 originates in Kenmore Square and terminates in Watertown Square travelling along Commonwealth Avenue to Brighton Avenue and Cambridge Street. These are two stops which allow easy access to the site. The MBTA Boston College

Green Line travels along Commonwealth Avenue and stops at Warren Street and Washington Street. Both of these stops are about one half of a mile from SEH. In its shuttle system, SMHW is proposing to stop at this MBTA location to ameliorate rider access to SEH.

Due to the relocation to the Brighton site, SMHW is considering continuing the shuttle for employees and expanding the service to include patients and visitors. SMHW will arrange with ambulance companies in the area to provide nonscheduled, emergency transportation for patients from Dorchester to Brighton. The hospital will also offer cab vouchers for low income women delivering at the Brighton site.

The hospitals will continue to operate the shuttle for the various groups subject to a minimum level of use and financial feasibility. The cost of operating such a shuttle service and cab voucher system has been factored into this business plan in the financial statements.

DEPARTMENT OF HEALTH AND HOSPITALS



JUDITH KURLAND
Commissioner

818 HARRISON AVENUE
BOSTON, MASSACHUSETTS 02118

RECEIVED
MAR 23 1990
ADMINISTRATION

March 23, 1990

Thomas Clark, President
St. Margaret's Hospital
90 Cushing Avenue
Boston, MA 02135

Dear Task Force Member:

Thank you for agreeing to serve on the Boston Perinatal Capacity Task Force. As you may know, at the end of last year, Mayor Flynn asked Governor Dukakis to have Secretary Phillip Johnston of the Executive Office of Human Services, the Commissioner for the Department of Public Health and the Commissioner for the Department of Health and Hospitals to work together on a range of issues affecting the resources for health and human services in Boston. This Task Force is one result of that collaboration. Given a variety of factors the provision of prenatal, obstetrical, and postnatal care for high risk women of Boston must be examined. Disparities between black and white infant mortality rates are at an all time high and Community Health Centers' ability to provide early prenatal care is severely stressed. The impending closing of St. Margaret's Hospital is another example of further concerns about our ability to provide access to needed services. We have decided to convene a broad-based group to join with the Massachusetts Department of Public Health (DPH) and Boston's Department of Health and Hospitals (DH&H) to address the pressing issues of access and capacity for perinatal health care for the city as a whole.

The immediate charge of the Task Force is to examine these problems as they affect particular high risk areas in Boston and to develop short-term remedies and long-term solutions. The questions which arise out of St. Margaret's decision to change the prenatal service capacity in one part of the city has implications for other providers and must be assessed in this broader context.

During the next six months, it is our intent for the Task Force to accomplish a number of activities including the following:

1. Review data on perinatal capacity problems in key areas of the city (including data specific to the population served by St. Margaret's) as well as conducting a survey of specific problems confronting community health centers;
2. Identify options to increase perinatal capacity in the City and make recommendations on what services are needed, where they are needed, and how to provide them. These would be separated into short-term recommendations that can be immediately be put into operation and longer-term strategies to address the problems;
3. Submit implementation plan to the Massachusetts Department of Public Health and the Department of Health and Hospitals.

The Task Force will be supported by a planning and research group staffed jointly by DPH and DH&H. This group will be coordinated with outside academic experts and will provide a series of interim reports focused on specific issues important to developing overall recommendations.

The Task Force has been formulated to bring key participants together to discuss the issue of perinatal capacity for the city in comprehensive terms. Members of the Task Force include hospital CEO's, community health center directors, community representatives, and academicians. A list of members is attached.

We are looking forward to your joining us at our first meeting where Mayor Flynn's goals for the task force will be presented and its role in reducing infant mortality through enhanced collaboration between government, hospitals, and community based organizations. The meeting will take place on:

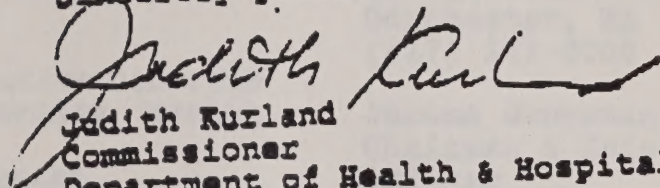
Monday, April 2, 1990
1:00 PM - 3:00 PM
University Hospital
88 East Newton Street
Atrium Pavilion, Level 2
Function Room C
(Refreshments will be provided)

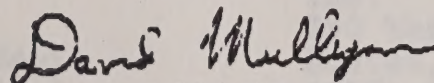
Following the presentation of the Mayor's go
discussion, we will present a more detailed charge of
Force, the data and studies available on which
recommendations, and establish a time-frame and meetin

If for some reason you are unable to attend
please call Debra Paul at 534-5264.

Again, thank you for your interest in this mc
issue.

Sincerely yours,


Judith Kurland
Commissioner
Department of Health & Hospitals


David Mulligan
Commissioner
Mass. Department of Public Health

Joel Abrams, Executive Director
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Margaret Leahy-Wirth
Jones Hill Neighborhood
Association
107 Sawyer Avenue
Dorchester, MA 02125
(617) 825-1129



EXHIBIT C

90 Cushing Avenue, Boston, Massachusetts 02125-2098 • Telephone (617) 436-8600

April 12, 1990

Mr. Stephen Coyle, Director
Boston Redevelopment Authority
9th Floor
Boston City Hall
Boston, MA 02201

Dear Mr. Coyle:

St. Margaret's Hospital for Women has been involved in a relocation process over the last several years which, as you are aware, has been a lengthy process involving several state and city organizations including the Boston Redevelopment Authority.

As part of its relocation plans, St. Margaret's Hospital for Women was required to file a Determination of Need application with the State's Department of Public Health and file a business plan with the Acute Hospital Conversion Board.

Both of these submissions dealt not only with the proposed relocation to Brighton and its associated array of programs and services, but addressed as well the services and programs which the hospital Board of Trustees, administration, medical staff, and community, after extensive discussion and analysis, felt needed to be retained in Dorchester and South Boston to adequately support obstetrical, gynecological and neonatal health care needs.

As part of the identification of these services, St. Margaret's and St. Elizabeth's Hospitals have and will continue working with relevant Neighborhood Health Centers and other area health care providers to ensure continuity of services into the future.

St. Margaret's staff has also been working closely with the Department of Public Health to determine community health care needs in general. These cooperative planning efforts are ongoing and will be completed prior to relocation of the St. Margaret's facility to Brighton.

Both St. Margaret's Hospital and St. Elizabeth's Hospital are and will remain committed to the provision of maternal and infant health care. Through its plans, St. Margaret's has proposed to continue to offer a range of services in Dorchester, Mattapan and South Boston after relocation. These services include:

- o Prenatal Care and Gynecology Clinic and associated diagnostic services
- o staffing of area health centers
- o St. Mary's Home for unwed teenage mothers
- o Labour prenatal and pediatric clinic in South Boston

April 12, 1990

Mr. Stephen Coyle, Director
Boston Redevelopment Authority

Page Two

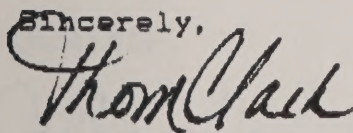
This proposal is based on having the necessary approvals from the State and City and appropriate financial resources.

The hospital staff is also acutely aware of neighborhood and community concerns as it relates to the reuse of the existing St. Margaret's facilities. Given the level of services to be provided in Dorchester in the future, a specific reuse analysis must be completed by the institution. This process will be accomplished with input from community members and other leaders and will be undertaken after DoN and Conversion Board approval.

It is important for St. Margaret's Hospital for Women and St. Elizabeth's Hospital to ensure that the communities it has historically served continue to be provided for. We are making every effort to assure that the maternal and infant health care needs of the community are identified and addressed prior to relocation.

If you have any questions concerning this, or would like to discuss this further with me, please feel free to contact me at (617) 436-8600, ext. 202.

Sincerely,



Thom Clark
President
/jb

cc: Gerry Kavanaugh
Ted Druhot
Rich Dougherty
Susan Myers
Manuel Davis
Judith Merel



CITY OF BOSTON • MASSACHUSETTS

OFFICE OF THE MAYOR
RAYMOND L. FLYNN

April 30, 1990

Dear Concerned Resident:

As a result of the establishment of the Boston Perinatal Capacity Task Force, several concerns have been raised regarding specific issues which our Task Force should address. One such issue relates to the impending closing of St. Margaret's Hospital for Women, and the need to make certain that adequate services are provided to the Dorchester, South Boston, and Roxbury communities.

As a result, I plan to request that certain members of the Task Force serve on a subcommittee which could monitor access to such services. The subcommittee would meet on a regular basis over the next several years such that if St. Margaret's Hospital is closed or relocated, the services which are needed in the surrounding community would continue to be provided.

In addition, I will recommend that we invite two (2) members of the Allston-Brighton community to participate as sub-committee members. The Allston-Brighton community is extremely concerned about the retention of necessary services if St. Margaret's Hospital does relocate to Brighton.

Thank you for your cooperation and assistance.

Sincerely,

Judith Kurland
Commissioner
Department of Health and Hospitals

